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757	7590 04/13/	2007		papers. Each adoutional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  Certificate of Mailing or Transmission  Let TROAILALLY  I hereby certify that this Fee(s) Transmittal is being deposited with the United						
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			Γ	Scott W. Brim			(Depositor's name)			
			Г	< xh	w.R-	_	(Signature)			
					May 29	, 200 <b>7</b>	(Date)			
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	)R	ATTORNEY I	DOCKET NO.	CONFIRMATION NO.			
10/817,598	04/02/2004		Wataru Abe			3/373	3130			
TITLE OF INVENTION THERETO	: MAGNETIC DISK	DEVICE AND ELEC	TRONIC APPARATUS	FOR MOUNTING	THE MAG	NETIC DISK I	DEVICE			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	PREV. PAID ISSUI	E FEE TOT.	AL FEE(S) DUE	DATE DUE			
nonprovisional	NO	\$1400	\$300	\$0		\$1700	07/13/2007			
EXAMIN	NER	ART UNIT	CLASS-SUBCLASS	]						
LEA EDMONI		2835	369-075110							
1. Change of corresponden CFR 1.363).	ice address or indication	of "Fee Address" (37	2. For printing on the patent front page, list Brinks Hofer Gilson							
Change of correspon	ndence address (or Char	age of Correspondence	(1) the names of up to 3 registered patent attorneys							
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PLEASE NOTE: Unles recordation as set forth (A) NAME OF ASSIG		fied below, no assignee letion of this form is NO	data will appear on the T a substitute for filing a (B) RESIDENCE; (CIT			d below, the doo	nument has been filed for			
	Electronics,	Inc	Tokyo, Japan							
•	- managhiller	·	uni.				_			
Please check the appropria	te assignee category or	categories (will not be p	rinted on the patent):	Individual 🔼 Co	rporation or o	ther private grou	p entity Government			
4a. The following fee(s) are Silve Fee Dissue Fee Publication Fee (No			o. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)  ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.							
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5. Change in Entity Statu			b. Applicant is no lo							
NOTE: The Issue Fee and Interest as shown by the rec										
Authorized Signature	Stw. R			Date						
Typed or printed name	Scott W.		Registration N		1, 500					
This collection of informat an application. Confidentia submitting the completed a this form and/or suggestion Box 1450, Alexandria, Vir Alexandria, Virginia 22313	ion is required by 37 CI dity is governed by 35 I application form to the is for reducing this burg ginia 22313-1450. DO 3-1450.	FR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to th NOT SEND FEES OR	on is required to obtain or 1.14. This collection is e depending upon the inde e Chief Information Offi COMPLETED FORMS			th is to file (and baplete, including e amount of time fice, U.S. Depart Commissioner for	by the USPTO to process) gathering, preparing, and you require to complete ment of Commerce, P.O. r Patents, P.O. Box 1450,			

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10/817,598	. 04/02/2004			Wataru Abe		9333/373					3130		
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nonprovisional	NO		\$1400	\$300		\$0			\$1700		07/13/2007		
EXAMINER ART UNIT				CLASS-SUBCLASS									
LEA EDMONDS, LISA S 2835				369-075110									
1. Change of corresponde CFR 1.363).  Change of correspondedress form PTO/SB  "Fee Address" indi PTO/SB/47; Rev 03-0 Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 negistered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.												
3. ASSIGNEE NAME AT													
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(A) NAME OF ASSIC	(B) RESIDENCE: (CITY and STATE OR COUNTRY)												
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Please check the appropri-	ate assignee category or	categori	es (will not be pr	inted on the patent):		ndividual 🔼 Co	rporatio	n or ot	her private gro	up enti	ity Government		
4a. The following fee(s) a  Signature   Signature    Signature   Signature    Advance Order - #	th. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)  ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge-the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 23—1925. (enclose an extra copy of this form).												
	SMALL ENTITY status	See 3	7 CFR 1.27.	b. Applicant is no l	longe	r claiming SMAL	L ENTI	TY sta	tus. See 37 CF	R 1.27	(g)(2).		
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Typed or printed name Scott W. Brim					Registration No. 51, 500								
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